

FEES

Alarm Agent Application Fee \$70.00
 Alarm Agent Renewal Fee \$20.00
 Background Investigation Fee \$24.00
 Payable to the Department of Public Safety
 by Cashier's Check or Money Order

**STAFF USE ONLY**

Alarm Agent License # _____

Tucson Police Department Alarm Unit

ALARM AGENT LICENSE APPLICATION

1. Name (First, Middle, Last)			2. Application Date		
3. Date of Birth	4. Height	5. Weight	6. Hair Color	7. Eye Color	
8. Name, Address, and Phone Number of Alarm Business where you are employed			9. Other Names/Aliases (include maiden name)		
10. Current Residence Address					
11. Home Telephone Number () -	12. Message Number () -	13. Facsimile (Fax) Number () -	14. E-mail Address		
15. Previous Employment for past 5 years (include addresses, dates, and positions held; attach additional sheets if needed)					
16. Written proof of age must be submitted with this application. Acceptable proof includes picture driver's license or other current photo identification document issued by a government agency. Type of I.D. _____ I.D. Number _____ Expiration Date _____					
17. Have you or any business for which you were a "Controlling Person" ever had an alarm business, alarm agent or similar license refused, denied, cancelled, suspended or revoked? Yes No If "Yes", please describe the reason(s) for such action, along with the date and jurisdiction:					
18. Have you ever been convicted of ANY crime (INCLUDING major traffic offenses, such as DUI, Hit and Run Accident, Reckless Driving, Felony Flight, etc), OR are you currently pending trial or other court proceedings for any criminal offense? FAILURE TO ANSWER TRUTHFULLY AND/OR OMIT INFORMATION WILL RESULT IN A DENIAL OF YOUR APPLICATION. No If "No", initial here _____ Yes If "Yes", please describe:					
19. I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. Applicant Signature _____ Date _____					
STAFF USE ONLY					
Proof of Age		Photo Provided	Fingerprint Card	Background Check	Application Fee
Y N		Y N	Y N	Y N	Y N
Departmental Recommendation:		Approved	Denied	Circle reason for denial: B1 B2 B3 B4	
Alarm Coordinator: _____		Date _____			
Commander: _____		Date _____			